



South Carolina Department of Health  
and Environmental Control

Division of Acute Disease  
Epidemiology (DADE)

# CHESS Club

*for providers*

Mar/Apr 2012

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By the Numbers

## Dr. Jerry Gibson retires from DHEC to climb higher mountains



Dr. Jerry Gibson, State Epidemiologist and Director, DHEC Bureau of Disease Control retires June 1, 2012. Dr. Gibson was hired in August 1993 to lead the Division of Acute Disease Epidemiology, and was promoted to Director of the Bureau of Disease Control in 2000. He has enjoyed many aspects of his career in DHEC, in particular the development of Regional epi-teams, and expanding internal and external collaborations and partnerships around disease control.

Dr. Gibson also serves as the State Epidemiologist and is the lead for communicable disease assessment, surveillance, acute response and communication. You may remember Dr. Gibson as the face of DHEC as he delivers media messages during public health crises. His accomplishments are too numerous to list, but his leadership, expertise, and service in the areas of epidemiology, surveillance, disease control practice, and preparedness are exemplary.

Dr. Gibson often credits his incredibly committed DHEC staff with advancing disease risk management, control and communication in the state. However, his dedicated public health service and leadership for over 20 years to the agency has played a key role in the many successes.

His new job will be at the Centers for Disease Control in Tanzania, with responsibility for the CDC HIV/AIDS Care and Treatment Program (i.e. the President's Emergency Program for AIDS Relief, PEPFAR) in that country. Dr. Gibson will be missed by his staff, but we wish him well in his new high adventure in the country of Mount Kilimanjaro.

# CHES Club *for providers*

## What would you like improved in electronic reporting?

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CHES is the current electronic reporting system. There are reasons for restrictions in the system, such as restricting you from pulling up patients. If you pull up a patient, it could be someone with a similar name but not the same person. How would you react to an incorrect condition listed in your medical file?

CHES doesn't allow providers to pull reports of their patient entries for the month. If this could be programmed, what restrictions and information would you want in a report?

Keeping your password active is a requirement of many systems. CHES requires login once a month and change of password every 90 days. This means that someone who used the system in 2007 and stopped in 2008 does not have the use of CHES without calling the Help Desk for an updated account and password. Imagine, as a user, that I

pulled reports for my provider, but I left that job and moved to a different provider. If my password never expired, I would be able to continue pulling reports from the original provider and when I entered the second provider's patient information, it would be connected to my original account. This would give the original provider access to the information and that could cause many problems and HIPAA violations. How would you change password restrictions and obtaining passwords?

Do you see the challenges we face when deciding how to program an electronic system for reporting conditions? What would you like to have? Before you submit your ideas, think of ways it could cause potential breaches of information.

**Please send your ideas to Ann W. Bell  
bellaw@dhec.sc.gov before July 1st.**

**Question: If a patient is tested for lyme disease, and only IgG is present, does this need to be reported in CHES?**

**Answer: Report any positive tests for Lyme.**

**Question: What tests normally show up on a Hepatitis Panel?**

**Answer: Panels depend on how an individual laboratory defines their panels. An example of a Hepatitis Panel may include:**

- Hepatitis C Total Antibody
- Hepatitis B Surface Antigen
- Hepatitis C Antibody
- Hepatitis B NAT
- Hepatitis C NAT

**Question: What test name is listed in the Search > Hepatitis B for HBV NAT?**

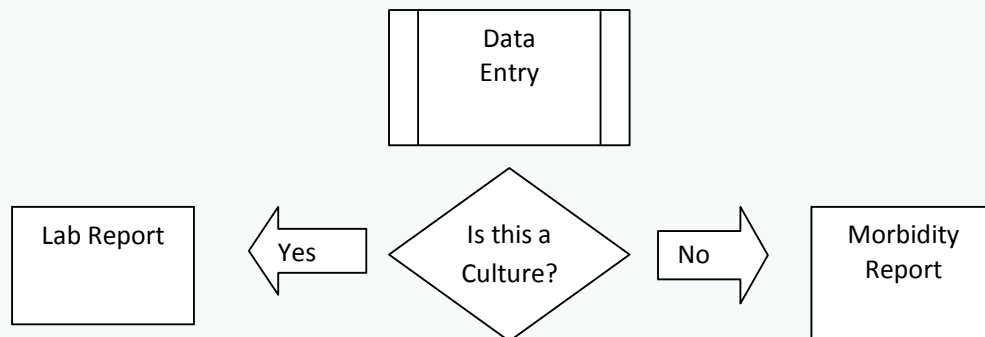
**Answer: Hepatitis B Virus, DNA**

## How do I enter a Reportable Condition in CHESS?

**Remember:** Do NOT enter Lead, Rabies, or TB in CHESS.

Refer to the CHESS Training Manual for more complete instructions. This information is meant as a supplement for the initial training provided.

### Under Data Entry, do I choose Lab Report or Morbidity Report?



**Patient** is the tab displayed when either Lab Report or Morbidity Report is selected. This looks familiar because it is requesting the patient name and other contact information. It is easy to use the tab key to move from field to field and not miss the boxes on the right. A complete report means fewer calls from public health staff looking for more information. County and Zip determine what area of the state will do the public health follow-up, so use the web to locate the information missing. For county, you can google the city, then check the Wikipedia link. It will show the county in the first sentence.

Marital Status is not needed, but can be included.

**Never press Submit** or use the enter key at the end of the patient page because it will send the report – minus the report information.

### When I enter a Morbidity Report, what is my next step?

After completing the Patient tab, select the **Report Information** tab.

The first field is **Condition**, which is based on the Reportable Disease List. For gonorrhea and some of the conditions, start typing the first letters of the word as it appears on the List. Often, this will bring up the correct name. Other times, it may be easier to search the drop-down list. Some diseases, like Syphilis, have more than one choice but Hepatitis is not separated into A, B, or C.

Remember, the Reportable Disease List contains all the conditions that are reportable for South Carolina. Some of the choices in the drop down are reportable in other states, but not in S.C.

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# CHESS Club *for providers*

## How do I enter a Reportable Condition in CHESS?...Cont'd

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After Condition, the **Program Area** fills automatically, and **Morbidity Report Type** defaults to Initial. As date fields appear, please refer to the definitions below. This is one area of confusion for users.

Date of...	Explanation
Morbidity Report	Date you are entering information in Morbidity Report.
Onset	Date the patient began having symptoms associated with this condition.
Diagnosis	Date the lab test results were completed.
Collection	Date the specimen was collected from the patient.
Lab Report	Date the test was resulted by the lab. This should be the same date entered for Date of Diagnosis.

For **Provider**, click on **Search** and do a look up. It is best to limit the information entered to the Last Name. If the name is very common, you may want to narrow your choice down with first initial of first name or city. Keep in mind that the only way this information is added or updated is when the regional public health office receives your updates. Send new and updated name and contact information to the public health office by phone call or email.

**Specimen Information** is the source of the specimen tested. For instance, many tests are performed on blood. Other STD tests may be performed on cervical, penile or urine specimens.

### What is different about entering each condition?

Most conditions are similar in information needed but there are some specifics.

**AIDS, Chlamydia trachomatis infection, Gonorrhea, HIV, and Syphilis** are all Sexually Transmitted Diseases (STD) listed in the drop- down and reportable in S. C. HIV and Syphilis have more than one term to refer to the condition. There is a generic term, but if you have information to support one of the other choices, please use that term.

**Animal bites and Rabies** are NOT reported in CHESS. Instead, refer to the Physician Guide to Rabies Post-Exposure Prophylaxis. <http://www.scdhec.gov/environment/envhealth/rabies/rabies-pep.htm>

**Hepatitis** has one term in the Condition drop-down menu. For A, B, and C, the differentiation occurs when you select the resulted test in the Lab Report Information.

**Influenza** conditions are reported based on the type disease and result.

Please refer to the DHEC flu page for more information about the programs available in SC for flu surveillance. <http://www.scdhec.gov/flu/index.htm>

After selecting the condition, enter the fields with the requested information down to the **Epidemiology Information**. In this section, the only field that must be filled in is the **Pregnant** field for ALL females. There is a selection for Unknown, if you do not know the status.

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## How do I enter a Reportable Condition in CHESS?...Cont'd

**Lab Report Information** is a separate box that contains the specific test/s and result/s for the condition. There are 2 ways to locate the Resulted Test for the Condition. The first and easiest is by clicking on the Resulted Test drop- down for relevant choices. Many times you will not find the correct choice here. In those cases, select the Search button to the right. Note: How you search is very important! For hepatitis B, enter hepatitis B. This is the same for hepatitis A, or other hepatitis C choices. For HIV, enter HIV. For Syphilis, you must be more specific. Syp will only bring up Syphilis Serology. For RPR, search RPR. For Western Blot, you can enter weste.

Result Field	Description	Examples
Coded	Term	Positive, reactive, detected
Numeric	Single number/unit	3.4%
Text	More than one word or term needed to complete.	IgM = 4.5, titer 1:16
Result Comments	Not Result field. Only used for additional comments about results.	Prenatal Panel included Hep C neg

After selection of the proper test, complete the results with one or more of the **Result** fields.

Before moving forward > press the **Add Lab Report** button. If you do not, the report will not submit in the final step.

### Treatment Information

The system allows quick entry of routine generic treatments. Please complete this section if you have access to the drugs given to the patient for the condition. This is especially important with STD's. If you do not know the generic name for the drug given, do a Search on the Internet. It is possible to submit more than one drug by entering the first drug and pressing **Add Treatment**, then starting the next drug entry and again pressing Add Treatment. Sometimes, your provider may prescribe a different dose of the listed drugs. For those cases, select Other from the drop down list, then complete the fields.

- Custom Treatment: name of the medicine (generic or brand)
- Drug: select correct generic drug name from drop down.
- Dosage/Strength: type # then select unit of measurement from drop down box that appears.
- Route: select from drop down
- Frequency: select from drop down
- Duration: select from drop down
- Treatment Comments (Treatment cannot be typed here. It must be entered under Treatment.)

Administrative Comments is a text box for additional information on the report. This is usually left blank, but an example of additional information would be the provider's name and contact information, if not found in Search. Remember to email this new contact information to your DHEC regional contact.

NEXT ISSUE: How to report cultures in Data Entry>Lab Report. Until then, use the MRSA Bloodborne instructions for assistance, or contact Ann W. Bell, CHESS Coordinator for External Providers bellaw@dhec.sc.gov or 803-898-0875.

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## CHESS Providers Trained (March & April)



McLeod Regional Medical Center,  
Microbiology – Florence



McLeod Regional Medical Center,  
Chemistry – Florence



Marlboro Park  
Bennettsville



Oconee Medical Center  
Seneca



Parris Island  
Preventive Medicine

\*if you were trained but did not see your photo in an issue of the CHESS newsletter, please send a .jpg and it will be included in the next issue. If your photo appeared in an issue and you would like a .jpg of the photo, email [annwbell@gmail.com](mailto:annwbell@gmail.com)

## New CHESS Providers (March & April)

Grace Medical Group - Columbia  
McLeod Regional Medical Center – Florence  
Beaufort Detention Center – Beaufort



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By The Numbers

## 2012 Disease / Condition (as of May 14, 2012)

	Confirmed	Probable
Aseptic meningitis	55	0
Botulism, other (includes wound)	1	0
Campylobacteriosis	94	8
Cryptosporidiosis	7	18
Dengue Fever	1	0
Giardiasis	41	0
Group A Streptococcus, invasive	30	0
Group B Streptococcus, invasive	15	0
Haemophilus influenzae, invasive	36	0
Hemolytic uremic synd, postdiarrheal	2	0
Hepatitis A, acute	3	0
Hepatitis B virus infection, Chronic	14	177
Hepatitis B, acute	14	0
Hepatitis C Virus Infection, past or present	1,363	3
Influenza, human isolates	81	0
Legionellosis	5	0
Listeriosis	4	0
Lyme disease	7	4
Malaria	4	0
Neisseria meningitidis, invasive (Mening. disease)	1	0
Novel Influenza A Virus Infections	0	0
Pertussis	52	12
Q fever	0	1
Salmonellosis	251	0
Shiga toxin-producing Escherichia coli (STEC)	6	0
Shigellosis	10	0
Spotted Fever Rickettsiosis	4	4
Strep pneumoniae, invasive	203	0
Streptococcal toxic-shock syndrome	2	0
Streptococcus pneumoniae, invasive disease (IPD)	1	0
Toxic-shock syndrome, staphylococcal	0	1
Tuberculosis	20	0
Typhoid fever (Salmonella typhi)	1	0
Varicella (Chickenpox)	1	0
Vibrio spp., non-toxigenic, other or unspecified	5	0
Yersiniosis	1	0